

**City of Tempe**  
**Employee Medical Insurance Waiver Request**  
**FY 2006 – 2007**

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**Instructions** for employee: (1) Please complete the top portion of this form. (2) Forward the form to the employer for certification; and (3) Return the completed form to the City of Tempe, Human Resources Department/Benefits.

I, hereby, request waiver of employee participation in the group medical insurance available to me through the City of Tempe. As indicated by the certification below, I am covered by a group medical insurance program offered through another employer.

I understand that, should I lose coverage due to a qualified family status change, I have thirty days (30) in which to enroll in the City of Tempe group medical insurance program.

I authorize the City of Tempe to use or disclose information contained on this form for purposes of treatment, payment or health care operations as specified under applicable law.

<hr/>	<u>City of Tempe</u>	<hr/>
Print Employee's Name	Employer	Employee's ID Number
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Employee's Signature	Date	

**CERTIFICATION OF COVERAGE**

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Insured Employee's Name	Social Security Number
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Insured Employer's Name	Insurance Company Name
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<input type="checkbox"/> <hr/>	<hr/>
Insured's signature authorizing release information	Insured's Phone Number

**Instructions to employer:** Please complete the Certification of Coverage portion of this form, and return it to us at the address below as soon as possible.

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This City of Tempe employee indicates that coverage is provided for him or her:

- ☐ As an employee or retiree of your company  
☐ As a dependent under the employee listed above  
Is this COBRA coverage? ☐ Yes ☐ No

Our records indicate that the above named City of Tempe employee is presently being covered under our Group Medical Program as indicated above.

<input type="checkbox"/> <hr/>	<hr/>
Employer's Signature	Employer's Phone Number
<hr/>	
Title	Date

Please return completed form to:

City of Tempe  
Human Resources Department/Benefits  
20 E. Sixth Street  
Tempe, AZ 85281  
Phone: 480-350-8080 Fax: 480-350-8060

4/19/06